

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90032 047 \*\*\*150.00

**DOCUMENT # P93000048901**

1. Entity Name  
AUTO A/C INC.



Principal Place of Business  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334 US

Mailing Address  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334 US

50007804



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0468860

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOEWE, BRUCE R  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOEWE, BRUCE R
STREET ADDRESS	2757 NE 17TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	DAWSON, DOUG
STREET ADDRESS	2756 NE 18TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	VP
NAME	CESNER, CHUCK
STREET ADDRESS	8967 W. SUNRISE BLVD. 9825 N. Hill Ct.
CITY-ST-ZIP	PLANTATION, FL 33322 Sunrise, FL 33351
TITLE	VP
NAME	SANCHEZ, ALBERTO
STREET ADDRESS	1650 SW 6TH DR.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Doug Dawson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 954-565-3030  
Date Daytime Phone #